

# LEC MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) DETAIL INVOICE

(7/2006)

## I. ACTIVITIES AND MEDI-CAL PERCENTAGES WORKSHEET

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| INVOICE INFORMATION |                         |
|---------------------|-------------------------|
| 1                   | Claiming Unit Name      |
|                     | CDS Code                |
| 2                   | DHS Contractor (Region) |
| 3                   | Contract #              |
| 4                   | Prepared by             |
| 5                   | Title                   |
| 6                   | Phone #                 |
| 7                   | Date                    |
| 8                   | Contract year/quarter   |
| 9                   | Period of Service       |

| A                |  | B    | C                   | D                              | E                               | F                                     | G  | H   |
|------------------|--|------|---------------------|--------------------------------|---------------------------------|---------------------------------------|--|---|
| Type of Activity |  | Code | Medi-Cal Discount % | MAA TIME SURVEY STAFF          |                                 |                                       |  |   |
|                  |  |      |                     | Survey Results Percentages (a) | Quarter Average Percentages (a) | Total Weighted-Average Survey Results | Allocate Gen. Admin./Paid Time Off (Code 16) | Apply Medi-Cal Discount % (Col. C X Col. G) |
| Non-Discounted:  |  |      |                     |                                | -                               |                                       |  |   |
| 10               | Medi-Cal Outreach  | 4    | 100.00%             |                                |                                 | #DIV/0!                               | #DIV/0!                                      | #DIV/0!                                     |
| 11               | Facilitating Medi-Cal Application                                | 6    | 100.00%             |                                |                                 | #DIV/0!                               | #DIV/0!                                      | #DIV/0!                                     |
| 12               | Medi-Cal Admin., Coord., Claims Admin. And Training              | 15   | 100.00%             |                                |                                 | #DIV/0!                               | #DIV/0!                                      | #DIV/0!                                     |
| Discounted:      |  |      |                     |                                |                                 |                                       |  |   |
| 13               | Referral, Coordination and Monitoring.Medi-Cal Svcs              | 8    | 0.00%               |                                |                                 | #DIV/0!                               | #DIV/0!                                      | #DIV/0!                                     |
| 14               | Transportation-related activities Support of Medi-Cal Services   | 10   | 0.00%               |                                |                                 | #DIV/0!                               | #DIV/0!                                      | #DIV/0!                                     |
| 15               | Translation  | 12   | 0.00%               |                                |                                 | #DIV/0!                               | #DIV/0!                                      | #DIV/0!                                     |
| 16               | M/C Program Planning, Policy Dev. And Interagency Coord          | 14   | 0.00%               |                                |                                 | #DIV/0!                               | #DIV/0!                                      | #DIV/0!                                     |
| Non-claimable:   |  |      |                     |                                |                                 |                                       |  |   |
| 17               | School-related, Education, and Other Activities                  | 1    |                     |                                |                                 | #DIV/0!                               | #DIV/0!                                      |   |
| 18               | Direct Medical Services  | 2    |                     |                                |                                 | #DIV/0!                               | #DIV/0!                                      |   |
| 19               | Non Medi-Cal Outreach  | 3    |                     |                                |                                 | #DIV/0!                               | #DIV/0!                                      |   |
| 20               | Facilitating Application for non-Medi-Cal Programs               | 5    |                     |                                |                                 | #DIV/0!                               | #DIV/0!                                      |   |
| 21               | Referral, Coordination and Monitoring non-M/C Services           | 7    |                     |                                |                                 | #DIV/0!                               | #DIV/0!                                      |   |
| 22               | Transportation for non-Medi-Cal Programs                         | 9    |                     |                                |                                 | #DIV/0!                               | #DIV/0!                                      |   |
| 23               | Non Medi-Cal Translation   | 11   |                     |                                |                                 | #DIV/0!                               | #DIV/0!                                      |   |
| 24               | Non M/C Prog. Planning, Policy Dev. And Interagency Coord        | 13   |                     |                                |                                 | #DIV/0!                               | #DIV/0!                                      |   |
| Allocated:       |  |      |                     |                                |                                 |                                       |  |   |
| 25               | General Admin./Paid Time Off                                     | 16   |                     |                                |                                 | #DIV/0!                               | Allocated                                    |   |
|                  |  |      |                     |                                |                                 |                                       |  |   |
| 26               | TOTAL TIME   |      |                     | 100.00%                        | 100.00%                         | #DIV/0!                               | #DIV/0!                                      | #DIV/0!                                     |
| 27               | Number of Claiming Unit Staff Included in Each Survey            |      |                     |                                |                                 |                                       |  |   |
| 28               | State Approved Indirect Cost Rate for the Current Billing Period |      |                     |                                |                                 |                                       |  |   |

(a) A summary report supporting amounts entered in these columns are required to be submitted with the invoice. Invoices will not be processed or paid by DHS without this supporting documentation.